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CONFIRMATION NO. 5165

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/643,824		005	3771	152.001

APPLICANTS

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**** CONTINUING DATA *******

/SD/

**** FOREIGN APPLICATIONS *******

UNITED KINGDOM PCT/GB02/00705 02/19/2002
 UNITED KINGDOM 0103893.4 02/19/2001
 UNITED KINGDOM 0119120.4 08/01/2001

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****

11/12/2003

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and Acknowledged	/STEVEN O DOUGLAS/ _____ Examiner's Signature	Initials	UNITED KINGDOM	23	63	3

ADDRESS

KEELING PATENTS AND TRADEMARKS
 3310 KATY FREEWAY, SUITE 100
 HOUSTON, TX 77007
 UNITED STATES

TITLE

Leg ulcer, lymphoedema and DVT vibratory treatment and device

FILING FEE RECEIVED 1027	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
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